

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/	/				62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	/	/	/	/			66						
17	/	/	/	/			67						
18	/	/	/	/			68						
19	/	/	/	/			69						
20	/	/	/	/			70						
21	/	/	/	/			71						
22	/	/	/	/			72						
23	/	/	/	/			73						
24	/	/	/	/			74						
25	/	/	/	/			75						
26	/	/	/	/			76						
27	/	/	/	/			77						
28	/	/	/	/			78						
29	/	/	/	/			79						
30	/	/	/	/			80						
31	/	/	/	/			81						
32	/	/	/	/			82						
33	/	/	/	/			83						
34	/	/	/	/			84						
35	/	/	/	/			85						
36	/	/	/	/			86						
37	/	/	/	/			87						
38	/	/	/	/			88						
39	/	/	/	/			89						
40	/	/	/	/			90						
41	/	/	/	/			91						
42	/	/	/	/			92						
43	/	/	/	/			93						
44	/	/	/	/			94						
45	/	/	/	/			95						
46	/	/	/	/			96						
47	/	/	/	/			97						
48	/	/	/	/			98						
49	/	/	/	/			99						
50	/	/	/	/			100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS						